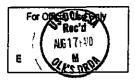
US. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9679	2. Fiscal Year Covered From		
028-344	1/1/04 Through 12/31/04		
3 Name and address of person filing	4 Name file number and address of labor organization.		
Name John WAITER	Name REINFORTED CONCRETE TROWNDEKERS LOCAL UNION #372		
	Labor Organization File Number 028342		
PO Box, Bldg Room No If any	P O Box Building and Room Number If any		
Street 4958 WINTON RADE LANE	Street 4958 WINTON RIDGE LANE		
CITY CINCINNATI	City CINCINNA+1		
State OHIO ZIP Code +4 45248	State OH 0 ZIP Code + 4 45248		
5 Position in labor organization PRESI DENT			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6 Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction or Income.		
Name			
Trade Name, if any			
DO DO DIA DOS NO MANAGEMENT			
PO Box, Bldg Room No if any	7 b Amount.		
Street			
City			
State ZIP Code + 4	<del></del>		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)  Signed  On 6-10-05-513-761-3720			
Form LM-30 (2008)	Date Telephone Number  O Page 1 of 2		
	rage to 2		

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ne of Person Filing JOHN WALTER		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8. Name and address of Business (including trade name, if any)  Name IRON WORKERS DIST COULDEST COULS & VIN  Trade Name if any:  PO Box, Bldg Room No if any  Street 3544 WATSON POAD  City ST. LOUIS  State MISSOURI ZIP Code+4 63139	9 Business deals with  a Labor Organiza  b Trust  c. Employer	t <b>ion</b>	
10 if 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any:  P O Box, Bldg. Room No. if any	11 a Nature of such deals	ng AM YEARly MEEtiNG	
Street  City  State  ZIP Code + 4	8/25/04 DINNER		
	12 b Amount	\$ 98.98	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.		
Name			
Trade Name if any	i		
PO Box, Bidg Room No if any			
Street			
City			
State ZIP Code + 4			
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment.		